

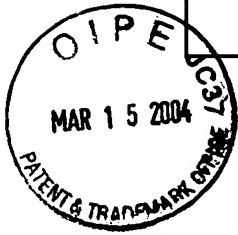
3-16-04

CASE 4-31253B

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MARCH 15, 2004  
Date of Deposit



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF

Art Unit: 1614

BILLSTEIN ET AL.

APPLICATION NO: 10/702,688

FILED: NOVEMBER 6, 2003

FOR: PHARMACEUTICAL COMBINATIONS AND THEIR USE IN  
TREATING GASTROINTESTINAL AND ABDOMINAL VISCERA  
DISORDERS

Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Sir:

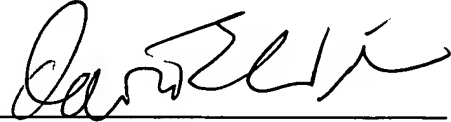
This paper is supplemental to the Information Disclosure Statement filed November 6, 2003. Since Applicants believe this paper is being filed before the mailing date of a first Office Action on the merits, no fees are believed to be required under 37 C.F.R. §1.97(b)(3). If a fee is deemed to be required, the Commissioner is hereby authorized to charge such fee to Deposit Account No. 19-0134.

In accordance with 37 C.F.R. §1.56, applicants wish to call the Examiner's attention to the references cited on the attached form(s) PTO-1449.

Copies of these references are enclosed herewith.

The Examiner is requested to consider the foregoing information in relation to this application and indicate that each reference was considered by returning a copy of the initialed PTO 1449 form(s).

Respectfully submitted,



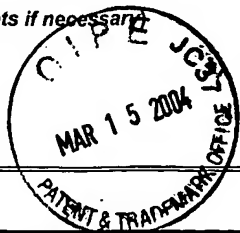
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Reg. No. 40,226

Novartis  
Corporate Intellectual Property  
One Health Plaza, Building 430  
East Hanover, NJ 07936-1080  
(862) 778-7954

Date: *March 15, 2004*

## INFORMATION DISCLOSURE CITATION

(Use several sheets if necessary)

ATTY. DOCKET NO.  
4-31253B  
APPLICATION NO.  
10/702,688  
APPLICANT  
BILLSTEIN ET AL.  
FILING DATE  
NOVEMBER 6, 2003Group  
1614

## U.S. PATENT DOCUMENTS

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE
	AA	6,362,202	3/26/02	Rubin et al.			
	AB	6,353,005	3/5/02	Rubin et al.			
	AC						
	AD						
	AE						
	AF						
	AG						
	AH						
	AI						
	AJ						
	AK						
	AL						

## FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	OFFICE	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AM						<input type="checkbox"/>	<input type="checkbox"/>
	AN						<input type="checkbox"/>	<input type="checkbox"/>
	AO						<input type="checkbox"/>	<input type="checkbox"/>
	AP						<input type="checkbox"/>	<input type="checkbox"/>
	AQ						<input type="checkbox"/>	<input type="checkbox"/>

## OTHER DOCUMENTS (Including Author, Title, Date, Pertinent pages, Etc.)

	AR	
	AS	
	AT	

EXAMINER

DATE CONSIDERED

\*EXAMINER: Initial of reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant.